	Paper No.:
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TO SPE OF : ART UNIT	,
SUBJECT : Request for Certificate of Corre	ection on Patent No.: 7094291
A response is requested with respect to the	accompanying request for a certificate of correction.
Please complete this form and return with	h file, within 7 days to:
Palm location 7580, Certificates of Corr	rection Branch – South Tower – 9A22
If response is for an IFW, return to emp	loyee (named below) via PUBSCofC Team in
• • • • • • • • • • • • • • • • • • • •	rrecting Office and/or Applicant's errors, should the rection (COCIN)? No new matter should be introduced, no anged.
	Valerie Jackson
Thank You For Your Assistance	Certificates of Correction Branch
The request for issuing the above-ider	Tel. No. 703-308-9390 ext. 114
The request for issuing the above-ider Note your decision on the appropriate box. Approved	
Note your decision on the appropriate box.	ntified correction(s) is hereby:
Note your decision on the appropriate box. Approved	ntified correction(s) is hereby: All changes apply.
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.
Note your decision on the appropriate box. ☐ Approved ☐ Approved in Part	All changes apply. Specify below which changes do not apply.
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.

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